



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Medication Aide

Application for Faculty Changes to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions
Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078
Phone Number: 605-868-8475 Fax Number: 605-668-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org
Verified by: _____ (SD BON)

Facility: Marshall County Healthcare Center
Location: 413 9th St, Britton SD 57430
Facility RN Clinical Sponsor/Instructor(s):
Ardelle W. Jorkester RN; SD license # R019572; Expires 06/22/2015 *SDN*
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

RN; SD license # _____; Expires: ____/____/____
Verified by: _____ (SD BON)

AESS Program Instructor Signature: Gwen Maag Date: 06/05/14
Administrator/DON/ADON Signature: Ardelle W. Jorkester RN Date: 06/05/14

This section to be completed by the South Dakota Board of Nursing

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| Date Application Received: <u>6/23/14</u> | Date Application Denied: |
| Date Approved: <u>6/24/14</u> | Reason for Denial: |
| Expiration Date of Approval: <u>April 2016</u> | |
| Board Representative: <u>SD</u> | |
| Date Notice Sent to Institution: | |

May 2014